

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 196

Registered No. _____

1. PLACE OF BIRTH

County Coconino State Arizona

District or Township _____ or Village _____

City Winkelman No. _____ St. _____ Ward _____

2. Full name of child Manuel Westrope (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth May 26, 1929 Month _____ Day _____ Year _____

8. Full name FATHER Lewis Westrope 14. Full maiden name MOTHER Matilda Varela

9. Residence (Usual place of abode) Winkelman, Ariz. 15. Residence (Usual place of abode) Winkelman, Ariz.
If non-resident, give place and address

10. Color or race Mexican 11. Age at last birthday 32 (Years) 16. Color or race Mexican 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Feldman 18. Birthplace (city or state) Sonora, Mexico
(State or country) Arizona (State or country)

13. Occupation Hayden, Arizona 19. Occupation Housewife
Nature of industry Janitor Mex. Smelt Works Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certifying and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was May 26, 1929 at 5 p.m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____

Signature P. M. Butler, M.D.

Address Winkelman, Arizona (Physician or midwife)

Filed May 31, 1929 P. G. H. Stone Registrar

Registrar

465-526-451